

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		07/18/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	7/21
FORMALITY REVIEW	<i>[Signature]</i>	JC111	08-2400
RESPONSE FORMALITY REVIEW	ZR	JC851	11-27-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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